Witness Information (Please Print)

Montana Office of Vital Statistics

STATEMENT TO IDENTIFY CERTIFIED BIRTH OR DEATH CERTIFICATE APPLICANT

To obtain a certified copy of a birth or death certificate when no official identifying documents are available, this statement must be completed by a witness who has known the applicant for at least two years.

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	First name	Middle Name	Last Name	
	Street Address			
	City	State	Zip Code	
	Ten Digit Phone Number	Date Of Birth	Relationship to applicant	
	Applicant Information	(Please Print)		
	First name	Middle Name	Last Name	
	Name on the Birth/Death Record Requested (Please Print)			
	First Name	Middle Name	Last Name	
I	I have known the applicant named under "Applicant Information" for			
	or affirm that he/she is the person presenting the application for a certified birth/death certificate for the			
	person named under "Name on Birth/Death Record Requested".			
C.				
	Sign in the presence of the issuance clerk and present an acceptable document of identity. If the witness			
	cannot accompany the applicant to the State Office of Vital Statistics or to the Clerk and Recorder Office			
OI	or if applying by mail, the signature of the witness must be notarized.			
	Verification of Signer's ID Is Mandatory			
S	ignature:		Date:	
S	tate of			
C	ounty of			
T	This record was signed and sworn to (or Affirmed) before me			
O	nby			
	(Date)			
_	OI CG:		_	
	(Name of Signer)	(Notary's Signature)		
			I	

[Official Stamp]